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Form **990-EZ** Department of the Treasury Internal Revenue Service Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)
Sponsoring organizations of dohor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

Open to Public Inspection

			011	ال <u>and ending</u>			2012			
В	Check if applicab	C Name of organization	-		D Emp	oloyer	identification number			
	Addre	ess change Epsilon Zeta Chapter of								
	Name	Name change   Alpha Gamma Delta Fraternity					71-6056833			
	Initial	Number and street (or P.O. box, if mail is not delivered to street ac	ddress)	Room/suite	E Telephone number					
	Termi	nated P.O. Box 1026			870-833-2082					
	Amer	City or town, state or country, and ZIP + 4			F Gro	up Exe	emption			
Г	i i	anon pending State University, AR 72467			Nur	nber 🕨	▶ 0416			
G		nting Method X Cash Accrual Other (specify)	<del></del>	·			X if the organization is not			
		te: > www.alphagammadelta.org					o attach Schedule B			
		tempt status (check only one) $=$ 501(c)(3) $\times$ 501(c) (7)	nsert no.) 494	17(a)(1) or 52	⊣ `	), 990-EZ, or 990-PF).				
	Check I			<del></del>	<del></del>		<del></del>			
		0. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-								
		n, be sure to file a complete return.	pootoura) may bo i	oquirou (oco inoli uoi	10110). D		o organization on occor to mo			
		es 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are	\$200 000 or more	or if total assets (Pai	† II					
		, column (B) below) are \$500,000 or more, file Form 990 instead of <u>Form 990</u>		01 11 10101 000010 (1 01	,	<b>S</b>	154,846.			
	art I	Revenue, Expenses, and Changes in Net Assets	or Fund Bala	inces (see the inst	ructions					
	art I	Check if the organization used Schedule O to respond to any question in t		(00000			X			
	T 4	Contributions, gifts, grants, and similar amounts received	illistaiti			1				
	1 2	Program service revenue including government fees and contracts				2				
	3	Membership dues and assessments				3	150,958.			
,	i .	•	See 5	chedule O		4	75.			
	4	Investment income	,11	JIIÇQQIÇ Ç		-	73.			
		Gross amount from sale of assets other than inventory	5a 5b							
	1	Less: cost or other basis and sales expenses				F.				
		Gain or (loss) from sale of assets other than inventory (Subtract line 5b from		5c						
	6	Gaming and fundraising events								
e	a	Gross income from gaming (attach Schedule G if greater than	11							
Revenue	l .	\$15,000)	6a							
Вè	6	Gross income from fundraising events (not including \$		tributions						
		from fundraising events reported on line 1) (attach Schedule G if the sum of	112							
	1	• • •	gross income and contributions exceeds \$15,000) 6b 3 , 8							
	1	Less: direct expenses from gaming and fundraising events	6c		514.		2 200			
	1	Net income or (loss) from gaming and fundraising events (add lines 6a and		e 6c)		6d	3,299.			
	7 a	Gross sales of inventory, less returns and allowances	7a							
	b	Less: cost of goods sold	7b			_				
	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)				7c				
	8	Other revenue (describe in Schedule 0)			1	8	154 222			
	9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	REC			9	154,332.			
	10	Grants and similar amounts paid (list in Schedule 0)	1 1	arcan e S		10	5,035.			
	11	Benefits paid to or for members	台 DEC 1	7 2012		11	48,215.			
es	12	Salaries, other compensation, and employee benefits	4 prc ;	7 2012 80.5		12	0.431			
ens	13	Professional fees and other payments to independent contractors			1	13	8,431.			
Expenses	14	Occupancy, rent, utilities, and maintenance	OGD	EN, UT	1	14	3 4 5 5			
ш	15	Printing, publications, postage, and shipping		· · · · · · · · · · · · · · · · · · ·	,	15	3,157.			
	16	Other expenses (describe in Schedule O)	see S	chedule O		16	104,514.			
	17	Total expenses. Add lines 10 through 16				17	169,352.			
γs	18	Excess or (deficit) for the year (Subtract line 17 from line 9)				18	-15,020.			
set	19	Net assets or fund balances at beginning of year (from line 27, column (A))	balances at beginning of year (from line 27, column (A))							
As		(must agree with end-of-year figure reported on prior year's return)				19	60,963.			
Net Assets	20	Other changes in net assets or fund balances (explain in Schedule O)				20	0.			
	21	Net assets or fund balances at end of year, Combine lines 18 through 20			<b></b>	21	45,943.			
_		r Paperwork Reduction Act Notice, see the separate instructions.					Form <b>990-EZ</b> (2011)			

Epsilon Zeta Chapter of Alpha Gamma Delta Fraternity Form 990-EZ (2011)

Pa	rt II Balance Sheets. (see the instructions for Part II)	)				
	Check if the organization used Schedule O to res	pond to any questic	on in this Part II			
			(A) Beginning of year	<u>L</u> _	( <b>B</b> ) E	nd of year
22	Cash, savings, and investments		60,963.	. 22		45,943.
23	Land and buildings			23		
24	Other assets (describe in Schedule O)		_	24		
25	Total assets		60,963.	25		45,943.
26	Total liabilities (describe in Schedule 0)		0.	26		0.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)		60,963.	27		45,943.
Pa	rt III Statement of Program Service Accomplishme	ents (see the instruc				penses
	Check if the organization used Schedule O to res	spond to any questic	on in this Part III	X		for section and 501(c)(4)
What	is the organization's primary exempt purpose? See Schedule (	)				ons and section
	the the organization's program service accomplishments for each of its three largest program		ises. In a clear and concise			trusts, optional
mann	er, describe the services provided, the number of persons benefited, and other relevant inform	mation for each program title			for others	<u></u>
28	Membership recruitment and retention	on				
-						
-						
-	(Grants \$ ) If this amount includes foreign	grants, check here	<b>&gt;</b>		28a	
29	Charitable and educational activit	ies				
-						
-						
-	(Grants \$ 5,035.) If this amount includes foreign	grants, check here	<b></b>		29a	
30						
•						
•					1 1	
-	(Grants \$ ) If this amount includes foreign	grants, check here	<b>&gt;</b>		30a	
	Other program services (describe in Schedule O) See Sche					
	(Grants \$ 5,035.) If this amount includes foreign	grants, check here	<b>▶</b> !		31a	
	Total program service expenses (add lines 28a through 31a)			▶	32	
_	irt IV List of Officers, Directors, Trustees, and Key	Employees. List each on	e even if not compensated (s	ee the	instructions f	or Part IV)
	Check if the organization used Schedule O to res	spond to any questic	on in this Part IV			
		(b) Title and average hou	rs (C) Reportable		alth benefits,	(e) Estimated
	(a) Name and address	per week devoted to	compensation (Forms   W-2/1099-MISC)	empl	ributions to oyee benefit	amount of other
	(-)	position	(if not paid, enter -0-)		and deferred opensation	compensation
Je	ssica Baker, P.O. Box 1026, State	Finance Advi	sor			
	iversity, AR 72467	10.00	0.		0.	0.
Ka	thy Farris, P.O. Box 1026, State	Chapter Advi	sor			
	iversity, AR 72467	10.00	0.		0.	0.
Ha	ley Petrus, P.O. Box 1026, State	President				
(In	iversity, AR 72467	15.00	0.		0.	0.
	nielle Goodwin, P.O. Box 1026,	VP Finance		-		
	ate University, AR 72467	15.00	0.		0.	0.
Sh	awna Starnes, P.O. Box 1026, State	House Associ	lation			
Un	iversity, AR 72467	0.00	0.		0.	0.
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T321 02-0	77			-		990-EZ (2011

30 Oil the organization epospe in any significant activity not previously reported to the IRS? If Yes, 'provide a detailed description of each activity in Schedule 0 33 X 34 Wera any significant changes made to the organization of poverning documents? If Yes, 'attach a conformed copy of the amended documents of they refer to change to the organization of same of the organization have unrelated business gross morne of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6, and 7,a among others?  38 If Yes, 'to he SS, has the organization flee and Form 990-T for the year? If Yes, 'to defend they shall be organization as each of \$1,040, 5010(8), 5010(		instructions for Part V.) Check if the organization used Sch. O to respond to any question in thi	s Par	: V	X
33				Yes	No
activity in Schedule O  Were any significant changes made to the organization or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization stame. Otherwise, explain the change on Schedule O (See instructions)  3	33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each			
accomments if they retined a change to the organization's name. Otherwise, explain the change on Schedule (Discensification) and the continues of \$1,000 or more during the year from business activities (such as those reported on fines 2, 6a, and 7a, among others)?  If "Yes," to the \$3a, has the organization filed a Form 990-T for the year? If "No," provide an explaination in Schedule O Wash to organization a section \$100(14), 501(16)(5), or \$501(16)(6) organization subject to section \$603(6) indice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III  By the organization in undergo a liquidation, dissolution, it exmension, or specificant deposition of net assets during the year? If "Yes," complete Applicable parts of Schedule N  37a			33		Х
35.8 b M be organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 8, and 74, among others?)  8 ii l'Yes, 10 time 35s, has the organization flied a Form 990-1 for the year? Il'No, 'provide an explanation in Schedule 0  8 ii l'Yes, 10 time 35s, has the organization flied a Form 990-1 for the year? Il'No, 'provide an explanation in Schedule 0  8 ii l'Yes, 10 time 35s, has the organization flied a Form 990-1 for the year? Il'No, 'provide an explanation in Schedule 0  8 ii l'Yes, 10 time 35s, has the organization flied a Form 990-1 for the year? Il'No, 'provide an explanation in Schedule 0  8 ii l'Yes, 10 time organization in Internation (Political expenditures, direct or indirect, as described in the instructions  9 ii l'Yes, complete apprise of Schedule II l'Yes, 'complete schedule II l	34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended			
on these 2, 6a, and 7a, among others?  b If Yes, 1 to miss 5b, nash the organization field a Form 990-T for the year? if Yio,* provide an explanation in Schedule 0  c Was the organization a section 50 1(c)(4), 501(c)(5), or 501(c)(6) or gamination subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If Yes, complete Schedule C, Part III  35b		documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		Х
b it "Nes," to lime 35a, has the organization add a Form 990-T for the year? If "Mo," provide an explanation in Schedule 0  c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 603(c) notice, reporting, and privoy tax requirements during the year? If "Yes," complete Schedule A sche	35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported			
e Wish the organization a section 501(c)(4) Sol1(c)(5), or 501(c)(6) organization subject to section 6033(c) notice, reporting, and proxy tax requirements during the year? If Yes, complete Schedule C, Part III  35b Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes, and the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes, and the organization before the organization of pollucial expenditures, direct or indirect, as described in the instructions  37a		on lines 2, 6a, and 7a, among others)?	35a		X
requirements during the year? If "Yes," complete Schedule C, Part III  So Did the organization undergo a disjunction, dissolution, irrimination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N  70 Enter amount of political expenditures, direct or indirect, as described in the instructions  10 bid the organization file Firm 1190-P0L for this year?  38 Did the organization file Firm 1190-P0L for this year?  38 Did the organization file Firm 1190-P0L for this year?  38 Did the organization file Firm 1190-P0L for this year?  38 Did the organization file Firm 1190-P0L for this year?  38 Did the organization file Firm 1190-P0L for this year?  39 Did the organization file Firm 1190-P0L for this year?  39 Did the organization file Firm 1190-P0L for this year?  30 Did the organization file Firm 1190-P0L for this year?  30 Did the organization file Firm 1190-P0L for this year?  30 Did the organization file Firm 1190-P0L for this year?  30 Did the organization file Firm 1190-P0L for this year?  30 Did the organization file file file file file file file file	b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	N/	A
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N  37 a Enter amount of political expenditures, direct or indirect, as described in the instructions  38 bit the organization file form 1120-P01 (bit this year?)  38 bit the organization file form 1120-P01 (bit this year?)  38 bit the organization for form or, or make any loans to, any officer, director, trustee, or key employee or were any such loans made  38 in a prior year and still outstanding at the end of the tax year covered by this return?  38 bit 11**es; "Complete Schedule I, Part II and enter the total amount involved  39 Section 501(c)(7) organizations. Enter:  30 indistion fees and capital contributions included on line 9  30 Gross receipts, included on line 9, for public use of club facilities  30 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on the organization during the year under section 4911   N/A   section 4918 x because the transaction during the year, or did in drapging in an excess benefit transaction. 4958 x becases benefit transactions uniquing the year under sections 4911   N/A   section 4918 x becases the enter transaction of the drapging in an excess benefit transaction of in a prior year that has not been reported on any of its prior Forms 990 or 990-E27   If "Yes," complete Schedule I., Part I  39 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or dequalitied persons during the year under sections 4912, 4955, and 4958  39 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax in hie 40c rambursed by the organization was present or the sections 4912, 4955, and 4958  30 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax value organization aparty to a prohibited tax shelter transaction? If "Yes," complete Form 886-T  40 List the states with which a copy of this return is filed. NOTE  41 List the states	C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax			
as a complete applicable parts of Schedule N		requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
The Enter amount of political expenditures, direct or indirect, as described in the instructions    Did the organization file Form 1120-POL for this year?	36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			
b Did the organization file Form 1120-POL for this year?  38 a Did the organization before mit 120-POL for this year?  38 a Did the organization before mit 120-POL for this year?  38 b If the organization before mit 120-POL for this year?  38 b If the organization before mit 120-POL for this year?  38 b If the organization before mit 120-POL for this year?  38 b If the organization for the tax year covered by this return?  38 b If the organization before mit 120-POL for this year?  38 b If the organization for this year of did it engage in an excess benefit transaction for this year, or did it engage in an excess benefit transaction of the organization engage in any section 4985 excess benefit transaction during the year, or did it engage in an excess benefit transaction of the organization engage in any section 4985 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-E27  If Yes, complete Schedule L, Part I  40b If If Yes, complete form 886-T  41b List the states with which a copy of this return is lied. ► None  41c List the states with which a copy of this return is lied. ► None  42c The organizations books are care or F → Dessica Baker  43 becton 494 (1) (1) year care care of F → Dessica Baker  44c The organization shocks are care of F → Dessica Baker  45c The organization shocks are care of F → Dessica Baker  45c The organization shocks are care of F → Dessica Baker  45c The organization shocks are care of F → Dessica Baker  45c The organization for exceptions and filling requirements for Form 10 F 90-22 1, Report of Foreign					X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a pror year and stiff outsitanding at the end of the tax year covered by this return?  38b N/A  38ction 501(c)(7) organizations. Enter:  38a N/A  38ction 501(c)(7) organizations. Enter:  38a N/A  38a Sction 501(c)(3) organizations. Enter:  38a N/A  38a N/A  38a N/A  38b N/A  38b N/A  38ction 501(c)(3) organizations. Enter:  38a N/A  38a Sction 501(c)(3) organizations. Enter:  38a N/A  38a N/A  38b N/A  38b N/A  38a N/A  38a N/A  38b N/A  38a N/A  38b N/A  38b N/A  38ction 501(c)(3) organizations. Enter:  38a N/A  38a N/A  38a N/A  38b N/A  38a N/A  38a N/A  38b N/A  38a N/A  38b N/A  38a N/A  38b N/A  38b N/A  38ction 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:  38a N/A  38a N/A  38b N/A  38a N/A  38b N/A  38b N/A  38b N/A  38ction 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on the organization managers or disqualted persons during the year under sections 4912, 4955, and 4958  4 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualted persons during the year under sections 4912, 4955, and 4958  4 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualted persons during the year under sections 4912, 4955, and 4958  4 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualted persons during the year year, was the organization managers or disqualted persons during the year year, was the organization managers or disqualted persons during the year year, was the organization managers organization f	37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions	<u>.</u>		
an a prior year and still outstanding at the end of the tax year covered by this return?  b If Yes; complete Schedule L, Part II and enter the total amount involved  38 b N/A  38 b N/A  38 b N/A  39 Section 501(c)(7) organizations. Enter:  a Intiation fees and capital contributions included on line 9  b Gross receipts, included on line 9, for public use of club facilities  40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ► N/A ; section 4912 ► N/A ; section 4915 ► N/A ; section 4912 ► N/A ; section 4915 ► N/A ; section 4912 ► N/A ; section 4958 Excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-E27  If Yes; complete Schedule L, Part I .  Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organizations. At any time during the tax year, was the organization a party to a prohibited tax sheller transaction? If Yes; complete form 8886-T  40 Exclusion 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organizations books are in care of ▶ Jessica Baker  10 Located at ▶ P.O. Box 1026, State University, AR  21P + 4 ▶ 72467  b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country: ▶  See the instructions for exceptions and filing requirements for Form 10 F 90-22 1, Report of Foreign Bank and Financial Accounts.  1 If Yes; enter the name of the foreign country: ▶  See the instructions for exceptions and filing requirements for Form 10 F 90-22 1, Report of Foreign Bank and Financial Accounts.  1 If Yes; enter the name of the foreign country: ▶  3 Section 4947(a)(1) nonexe	b	Did the organization file Form 1120-POL for this year?	37b		X
b If Yes,* complete Schedule L, Part II and enter the total amount involved  39 Section 501(c)(7) organizations. Enter:  a Institution fees and capital contributions included on line 9  b Gross recepts, included on line 9, for public use of citob facilities  section 4911 ▶ N/A; section 4912 ▶ N/A; section 4915 ▶ N/A  b Section 501(c)(3) and 501(c)(4) organizations. Did the organization during the year under section 4911 ▶ N/A; section 4912 ▶ N/A; section 4955 ▶ N/A  b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit amascition in a prior year that has not been reported on any of its prior Forms 990 or 990-E2?  If Yes,* complete Schedule L, Part I  c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization e. All organizations. At any time during the tax year, was the organization a party to a prohibited tax shefter transaction? If Yes,* complete Form 8868-T  1. List the states with which a copy of this return is filed. ▶ NONE  12. List the states with which a copy of this return is filed. ▶ NONE  12. Located at ▶ P.O. Box 1026, State University, AR  b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country; \( \) Soe the instructions for exceptions and filing requirements for Form 10 F 90-22 1, Report of Foreign Bank and Financial Accounts.  C At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If Yes,* enter the name of the foreign country; \( \) Soe the instructions for exceptions and filing requirements for Form 10 F 90-22 1, Report of Foreign Bank and Financial Accounts.  2 At any time during the calendar	38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made			
39 Section 501(c)(7) organizations. Enter: a Intitation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ N/A ; section 4955 ▶ N/A  b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-E2? If Yes, 'compiler Scheduler L, Part I  c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 495, and 4958 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax does not all the organization and the year and the organization have a nutries to organization and the organization and the organization and the organization manafam and office outside of the U.S.?  If 'Yes, 'enter the name of the foreign country: ▶  See the instructions for exceptions and filling requirements for Form 1041 - Check here and enter the amount of the foreign country: ▶  Section 4947(a)(1) nonexempt charitable trusts f			38a		X
a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of clob tachities  38 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ N/A ; section 4912 ▶ N/A ; section 4955 ▶ N/A  b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction during the year, or did it engage in an excess benefit transaction during the year, or did it engage in an excess benefit transaction during the year, or did it engage in an excess benefit transaction during the year, or did it engage in an excess benefit transaction during the year, or did it engage in an excess benefit transaction during the year under sections 4912, 4955, and 4958  d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization  e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes, complete form 8886-T  1. List the states with which a copy of this return is filed. ▶ NOTIBE  1. List the states with which a copy of this return is filed. ▶ NOTIBE  2. At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country; ▶  See the instructions for exceptions and filing requirements for Form TD F90-22 1, Report of Foreign Bank and Financial Accounts.  At any time during the calendar year, did the organization maintain an office outside of the U.S.?  1. Yes, enter the name of the foreign country; ▶  See the instructions for exceptions and filing requirements for Form TD F90-22 1, Report of Foreign Bank and Fina	b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A	_		
b Gross recepts, micluded on line 9, for public use of club facilities  40a Section 501(c)(3) organizations. Enter amount of fax imposed on the organization during the year under section 4911 ▶ N/A ; section 4912 ▶ N/A ; section 4955 ▶ N/A  b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 ▶ N/A and 501(c)(4) organizations. Did the organization during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-E22 if 1°Yes; complete Schedule I, Part I  c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualitied persons during the year under sections 4912, 4955, and 4958  d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T  List the states with which a copy of this return is filed. ▶ None  42a The organization's books are in care of ▶ Jessica Baker  Located at ▶ P.O. Box 1026, State University, AR  Telephone no. ▶ 870 – 833 – 2082  Located at ▶ P.O. Box 1026, State University, AR  Telephone no. ▶ 870 – 833 – 2082  Located at ▶ P.O. Box 1026, State University, AR  Telephone no. ▶ 870 – 833 – 2082  Located at ▶ P.O. Box 1026, State University, AR  Telephone no. ▶ 870 – 833 – 2082  Located at ▶ P.O. Box 1026, State University, AR  Telephone no. ▶ 870 – 833 – 2082  Located at ▶ P.O. Box 1026, State University, AR  Telephone no. ▶ 870 – 833 – 2082  Located at ▶ P.O. Box 1026, State University, AR  Telephone no. ▶ 870 – 833 – 2082  Located at ▶ P.O. Box 1026, State University, AR  Telephone no. ▶ 870 – 833 – 2082  Located at ▶ P.O. Box 1026, State University, AR  Telephone no. ▶ 870 – 833 – 2082  Located at ▶ P.O. Box 1026, State University, AR  Telephone no. ▶ 870 – 833 – 2082  Located at ▶ P.O. Box 1026, State University, AR  Telephone no. ▶	39				
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c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4958, and 4958 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T  1 List the states with which a copy of this return is filed. None  1 Telephone no. 870-833-2082  Located at P.O. Box 1026, State University, AR  1 Did the organization books are in care of Dessica Baker Telephone no. 870-833-2082  Located at P.O. Box 1026, State University, AR  2 IP + 4 72467  A tany time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  1 I' "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.  2 At any time during the calendar year, did the organization maintain an office outside of the U.S.?  1 I' "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.  2 At any time during the calendar year, did the organization maintain an office outside of the U.S.?  1 I' "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.  2 At any time during the calendar year, did the organization maintain any office outside of the U.S.?  2 If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing form 990-EZ in lieu of Form 990 must be completed instead of Form 990-EZ  2 Obd the organization operate one or more hos		year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ?			
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List the states with which a copy of this return is filed.    The organization's books are in care of    Jessica Baker    Telephone no.    870 – 833 – 2082  Located at    P.O. Box 1026, State University, AR    At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial accounts.  If "Yes," enter the name of the foreign country:    See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.  At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If "Yes," enter the name of the foreign country:    Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year  If "Yes," Form 990-EZ in the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ in the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ in the organization receive any payments for indoor tanning services during the year?  If "Yes," Form 990 must be completed instead of If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in the meaning of section 512(b)(13)?  If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)  If the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of secti	е		1		۱
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Located at ▶ P.O. Box 1026, State University, AR  Discription At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial accounts)?  If "Yes," enter the name of the foreign country: ▶  See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.  c At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If "Yes," enter the name of the foreign country: ▶  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year  Yes No  Yes No  Yes No  If "Yes," enter the name of the foreign country: ▶  3 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year  Yes No  Yes No  Yes No  If "Yes," Form 990 must be completed instead of Form 990-EZ  Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  Did the organization receive any payments for indoor tanning services during the year?  If "Yo," provide an explanation  m Schedule O  4446  At A Did the organization have a controlled entity within the meaning of section 512(b)(13)?  455 Did the organization have a controlled entity within the meaning of section 512(b)(13)?  456 Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?			2 2	000	
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over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country:  See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.  c At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If "Yes," enter the name of the foreign country:  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year  Yes  No  44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  c Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year?  d Yes  If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation In Schedule O  44d Life  45d Did the organization have a controlled entity within the meaning of section 512(b)(13)?  45d Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)  45d Did the organization Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		200000000	240		
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## Schedule O  ## 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  ## 45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section  ## 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)  ## 45b   45b			1	<del>                                     </del>	<del> </del>
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)  45b	a		441		
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512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)					_ <u>_</u>
	700		45h		
	_	o refull to). It is est to the sound and contragation that is not to proportion instead of the interest individually		90-EZ	(2011)

71-	60	56	8	33	}

Page 4

							_	Yes	No No
	ganization engage, directly or indirectly, in poli	tical campaign activitie	s on behalf of o	r in opposition	to candidates for pu	iblic office			1,7
	omplete Schedule C, Part I	and section 40	47(a)(1) no	novomnt	oboritoble tru	oto onli		46	X (X2)
	Section 501(c)(3) organizations organizations and section 4947(a)(1) none			_					1(c)(3)
	for lines 50 and 51. Check if the organiza	· ·				and com	piete tri	e lables	
	ion lines 30 and 31. Check in the organiza	don asea Scriedale	O to respond	to any quest	IOTHIT CHIST ATC VI			Yes	No
47 Did the or	ganization engage in lobbying activities or have	e a section 501(h) elec	tion in effect dui	ing the tax ye	ar? If "Yes," complete	Sch. C, P	art II	47	
	anization a school as described in section 170						_	48	$\top$
	ganization make any transfers to an exempt no							19a	
b If "Yes," w	as the related organization a section 527 organ	nization?						19b	
50 Complete	this table for the organization's five highest co	mpensated employees	(other than offe	cers, directors	, trustees and key en	nployees)	who eac	h received	more
than \$100	0,000 of compensation from the organization. I				<del>,</del>				
	(a) Name and address of each employed paid more than \$100,000	е	(b) Title and av	-	(C) Reportable compensation (Forms	(d) Health contribut	ions to	(e) Estir	
	,		per week d		W-2/1099-MISC)	employee plans, and	deferred	amount o	
	N/A			-		compen	sation		
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	· · · · · · · · · · · · · · · · · · ·		1						
								L	
	nber of other employees paid over \$100,000			<b></b>					
51 Complete	this table for the organization's five highest co	mpensated independe	nt contractors w	ho each recei	ved more than \$100,	000 of cor	npensati	on from th	1e
	ion. If there is none, enter "None " N/A		<del></del>						
(a) Name and	d address of each independent contractor paid	more than \$100,000		(b) Type o	f service		(c) Co	mpensatio	on
			+						
<del> </del>		<del></del>							
<del></del>									
		··· -							
<b>d</b> Total nun	nber of other independent contractors each rec	eiving over \$100,000			<b></b>				
52 Did the or	rganization complete Schedule A? Note: All sec	ction 501(c)(3) organiz	ations and 4947	(a)(1) nonexe	mpt			, <i>с</i>	
charitable	e trusts must attach a completed Schedule A	ulaina siccomosnyina sene	quies and statemer	its, and to the bi	est of my knowledge and	bellet, it is	rue, corre	Yes L	No
Declaration of pre	parer (other than officer) is based on all information of v	which preparer has any kno	wledge					<del></del>	
Sign	Signature of officer		<del></del>		<del></del>	Date	17/1		
Here	Jessica Baker, Fina	nce Adviso	r			•	•		
	Type or print name and title	ilice Havibe	<u></u>						
	Print/Type preparer's name	Preparer's signature		Date	Check	ıf P	ΓIN		
Paid					self- emplo	yed			
Preparer									
Use Only	Firm's name				Firm's EIN	<b>•</b>			
•	Firm's address >				Phone no.				
May the IRS di	scuss this return with the preparer shown above	ve? See instructions					► X	Yes	No
							Fo	rm 990-E	Z (2011)

#### SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ➤ Attach to Form 990 or 990-EZ.

OMB No 1545-0047 Open to Public Inspection

Internal Revenue Service Epsilon Zeta Chapter of **Employer** identification number Name of the organization Alpha Gamma Delta Fraternity 71-6056833 Form 990-EZ, Part I, Line 4, Other Investment Income: Description of Property: Amount: Interest Income 75. Form 990-EZ, Part I, Line 10, Grants and Allocations: Activity Classification: Grantee Name: Contributions to Various Organizations 5,035. Amount Given: Form 990-EZ, Part I, Line 16, Other Expenses: Description of Other Expenses: Amount: Bank Fees 1,174. 5,594. Conventions & Travel Miscellaneous Chapter 5,498. 3,118. Badges 36,802. Purchasing 52,328. Distribution to House Association Total to Form 990-EZ, line 16 104,514. Form 990-EZ, Part III, Primary Exempt Purpose - Educational, charitable, and social purposes and no net earnings inure to an individual or private shareholder. Form 990-EZ, Part III Line 31, Other Program Service Accomplishments:

Alpha Gamma Delta Foundation

## SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2011
Open to Public Inspection

Epsilon Zeta Chapter of Employer identification number Name of the organization 71-6056833 Alpha Gamma Delta Fraternity Grants \$ 2,000. Expenses \$ 0. Alpha Gamma Rho Grants \$ 140. Expenses \$ 0. National Panhelenic Council Grants \$ 50. Expenses \$ 0. Campus Outreach Expenses \$ 0. Grants \$ 25. Sigma Chi Expenses \$ 0. Grants \$ 820. Lambda Chi Alpha Grants \$ 150. Expenses \$ 0. Pi Kappa Alpha Expenses \$ 0. Grants \$ 250. Alpha Tau Omega Expenses \$ 0. Grants \$ 125. St. Jude Grants \$ 1,150. Expenses \$ 0.

#### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2011
Open to Public Inspection

Epsilon Zeta Chapter of Employer identification number Name of the organization Alpha Gamma Delta Fraternity 71-6056833 Juvenile Diabetes Research Foundation Grants \$ 250. Expenses \$ 0. Other Contributions Expenses \$ 0. Grants \$ 75. Form 990-EZ, Part V, Information Regarding Personal Benefit Contracts: The organization did not, during the year, receive any funds, directly, or indirectly, to pay premiums on a personal benefit contract. The organization, did not, during the year, pay any premiums, directly, or indirectly, on a personal benefit contract.

## Form **8868**

(Rev January 2012)

Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

**COPY**OMB No 1545-1709

► File a separate application for each return.

• If you a	re filing for an Automatic 3-Month Extension, comple	te only Pa	art I and check this box		•	X	
• If you a	re filing for an Additional (Not Automatic) 3-Month Ex	tension, d	complete only Part II (on page 2 of	this form)			
Do not co	omplete Part II unless you have already been granted	an automa	atic 3-month extension on a previous	sly filed Fo	orm 8868		
	c filing (e-file). You can electronically file Form 8868 if y					ooration	
required t	o file Form 990-T), or an additional (not automatic) 3-mo	nth extens	sion of time. You can electronically f	ile Form 8	868 to request an	extension	
of time to	file any of the forms listed in Part I or Part II with the ex-	ception of	Form 8870, Information Return for	Transfers .	Associated With C	ertain	
Personal	Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions). For more details	on the ele	ctronic filing of this	form,	
visit www	irs gov/efile and click on e-file for Charities & Nonprofits						
Part I	Automatic 3-Month Extension of Time	∍. Only s	submit original (no copies ne	eded).			
A corpora	ation required to file Form 990-T and requesting an autor	matic 6-mo	onth extension - check this box and	complete			
Part I only	/				•	<b>-</b>	
	corporations (including 1120-C filers), partnerships, REM ome tax returns	IICs, and t	rusts must use Form 7004 to reques	st an exter	nsion of time		
Type or	Name of exempt organization or other filer, see instru	ctions		Employe	r identification num	ber (EIN) or	
print	Epsilon Zeta Chapter of						
	Alpha Gamma Delta Fraterni	ty		X	71-60568	33	
File by the due date for filing your	Number, street, and room or suite no. If a P.O. box, s P.O. Box 1026	ee instruc	tions	Social se	Social security number (SSN		
return See instructions	City, town or post office, state, and ZIP code For a for State University, AR 7246		dress, see instructions.		· · · · · · · · · · · · · · · · · · ·		
	beace oniversity, At 7240	<u> </u>		<del></del>		<u> </u>	
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)			0 1	
		I 5 -4	F A			- <sub>1'-</sub>	
Applicati	on	Return	Application			Return	
Is For		Code	Is For			Code 07	
Form 990		01	Form 990-T (corporation)	oration)			
Form 990		02	Form 1041-A				
Form 990		01	Form 4720			09	
Form 990		04	Form 5227		-	10	
	-T (sec 401(a) or 408(a) trust)	05	Form 6069			11	
rom 990	-T (trust other than above)  Jessica Baker	06	Form 8870	·-··		12	
• The be	ooks are in the care of P.O. Box 1026	- Stat	te University AR	72467			
	one No. ► 870-833-2082		FAX No. ▶				
	organization does not have an office or place of business	s in the life					
	is for a Group Return, enter the organization's four digit			lf this is fo	r the whole group	check this	
box ▶ [	. If it is for part of the group, check this box						
	quest an automatic 3-month (6 months for a corporation			-	oro are oraginorous	<u></u>	
	February 15, 2012 , to file the exemp	-	•		The extension		
ıs fo	or the organization's return for	3.	<b>3</b>				
▶[	calendar year or						
<b></b> [	X tax year beginning JUL 1, 2011	, an	dending JUN 30, 2012		•		
,							
2 If th	ne tax year entered in line 1 is for less than 12 months, c	heck reas	on· Initial return	Final retur	n		
	Change in accounting period						
3a If th	nis application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	nter the tentative tax, less any				
	refundable credits. See instructions.			3a	\$	0.	
b If th	nis application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and			_	
est	ımated tax payments made. Include any prior year overp	oayment a	llowed as a credit.	3b	\$	0.	
c Bal	ance due. Subtract line 3b from line 3a. Include your pa	yment wit	th this form, if required,				
	using EFTPS (Electronic Federal Tax Payment System)			3с	\$	0.	
	If you are going to make an electronic fund withdrawal v			orm 8879-			
LHA F	or Privacy Act and Paperwork Reduction Act Notice,	see Instr	uctions.		Form <b>8868</b> (F	Rev. 1-2012)	